

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/10/05

2 Serial/Patent # 10/519557

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing	1	<u>12/28/04</u>	\$ <u>100</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	Treasury Check		
<input checked="" type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:	<u>15--0030</u>	
9 No Fee Due (Explanation):				

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

15--0030

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

TITLE: paralegal

SIGNATURE: A Johnson

PHONE: 308-9940

OFFICE: PCT

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B